

# Neponset Health Center



Neponset Health Center, located in Dorchester, is part of Harbor Health Services Inc. It is an FQHC with a mission to offer families comprehensive primary medical care in a linguistically and culturally competent approach, regardless of ability to pay.

Neponset Health Center has approximately 12,000 patients served by eight primary care providers and 11 nurse practitioners.

## PARTICIPATION

### What motivated your practice site to participate in this initiative?

As part of Harbor Health Services Inc., Neponset Health Center embarked on its journey to compile a successful application for PCMH Recognition by NCQA. We recognized our clinic had many of the components of PCMH in place, in particular our heavy investment and final full usage of an EMR system that was used across all three Harbor sites. The combination of wanting to find ways to better use our EMR and build on our agency-wide focus on quality improvement indicated a good match with how NCQA defined medical home and how their tool could push us further along in meeting our quality goals.

## CHANGES

### What was the specific problem or issue being addressed?

It was challenging to do a multi-site application when some procedures varied across each site. NCQA's documentation on doing a multi-site application was confusing and resulted in substantial re-work.

### What did you hope to achieve?

Our goal was to achieve Level 2 recognition, and by doing the application we identified best practices between the sites and began to think about how to spread to other sites.

### What was the plan?

We involved staff from all levels to help identify best practices and where we could make improvements in line with the NCQA standards and elements. We formed a medical home committee with about 12-18 members that met monthly for over 12 months. Then a smaller team of two or three members began assembling the required documentation for the application.

### What did you learn?

In retrospect we should have had the smaller team start working earlier, and they should have opened up the application tool (called the ISS tool) sooner since the learning curve for the tool was substantial, in part because NCQA's documentation on how to use the tool was confusing.

“There is a sense of pride among the medical home committee members who worked many hours on the application. Within weeks of receiving of notification, we received many congratulations and phone calls so we feel sort of special. The recognition applies to all 36 of our primary care providers with a panel of patients including both MDs and nurse practitioners. The American Board of Family Medicine gives providers credit toward their certification for this professional board.” —Committee Member

### Key Learnings from the Submittal Process:

The multi-site tool has two steps: first is pulling documentation together for the group (also they called it the corporate) survey; second step is doing so for the individual site surveys. However, by focusing on the group survey first we ended up doing substantial work that later had to be undone. It turned out the group survey should only have answers and documentation for those elements and sub-elements that are consistent across the sites. Then for the site specific surveys—for us we have three sites, so we did three individual site surveys—answers and documentation is given for each survey. We had to do three different reports for many elements and attach to the appropriate site-level survey. For example, if the electronic prescribing rate or EMR use varied by site, then that data and its supporting documentation had to be attached (or uploaded) to the ISS survey tool for each site.

We re-wrote the multi-site instructions for our internal purposes and have attached it for the benefit of others. It is really important to get clear feedback from NCQA early on regarding if a multi-site is a good fit, and how the process works.

### What would you recommend to other sites submitting a multi-site tool?

Our primary message is to get clarity on which documents go in the Group Level Survey and which are for the Site Level Survey. We also think the following are important:

1. Find an organized administrative assistant or other staff for document management. Expect this person to increase their time on the project to 20-30 hours the weeks before submittal date. Use software that allows for editing PDFs.
2. Review the ISS tool immediately and take NCQA's webinar about the tool to see how each element has sub-elements. Adding comments for each element is a good idea.
3. Get clear on tool terminology. For example, the word “application” does not mean the survey tool— instead, it means the overall process of working with NCQA on this. The ISS is not an application it is a survey. The word “group” has the same meaning as “corporate.”
4. When in doubt, attach a document—but do your best to keep it short and easy to see how it fits the element.

### Data:

Level 3 Recognition was achieved because our score exceed 75. A breakdown of scores by standard is below:

Standard	Neponset	Max Points
PPC1: Access and Communication	6.50	9.00
PPC2: Patient Tracking and Registry Functions	16.75	21.00
PPC3: Care Management	15.00	20.00
PPC4: Patient Self-Management Support	6.00	6.00
PPC5: Electronic Prescribing	6.75	8.00
PPC6: Test Tracking	8.00	13.00
PPC7: Referral Tracking	4.00	4.00
PPC8: Performance Reporting and Improvement	15.00	15.00
PPC9: Advanced Electronic Communication	0.00	4.00
<b>Total:</b>	<b>78.0</b>	<b>100.00</b>

## Safety Net Medical Home Initiative



MacColl Institute at  
Group Health Cooperative